

<i>SERFF Tracking Number:</i>	<i>HART-125758058</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>BF.20.001.2008.AR.02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe)</i>		
<i>Project Name/Number:</i>	<i>WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe) /BF.20.001.2008.AR.02</i>		

## Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Sentinel Insurance Company Limited, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: WC NCCI Item B-1407      SERFF Tr Num: HART-125758058      State: Arkansas

Adoption (Terrorism/Catastrophe)

TOI: 16.0 Workers Compensation      SERFF Status: Closed      State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations      Co Tr Num: BF.20.001.2008.AR.02      State Status: Fees verified and received

Filing Type: Rule      Co Status: Initial Filing      Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Kathleen Czarnecki, Joyce Disposition Date: 08/01/2008

Driscoll, Marilu Gonzalez, David

Logan, Sima Nizami, Angela Isaac

Date Submitted: 08/01/2008      Disposition Status: Approved

Effective Date Requested (New): 09/01/2008      Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008      Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe) Status of Filing in Domicile:

Project Number: BF.20.001.2008.AR.02      Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance      Reference Number: NCCI Item B-1407

Reference Title: B-1407--Catastrophe Provisions Miscellaneous Values, Advisory Org. Circular: CIF-2008-07

Rules, and Statistical Codes

Filing Status Changed: 08/01/2008

State Status Changed: 08/01/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Adoption of NCCI Item B-1407.

<i>SERFF Tracking Number:</i>	<i>HART-125758058</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>BF.20.001.2008.AR.02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
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## Company and Contact

### Filing Contact Information

Joyce Driscoll, Filing Analyst	joyce.driscoll@thehartford.com
1 Hartford Plaza	(860) 547-3468 [Phone]
Hartford, CT 06155	(860) 547-5941[FAX]

### Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	
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Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	
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Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	
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Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	
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Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	
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Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:

SERFF Tracking Number: HART-125758058 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: BF.20.001.2008.AR.02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe)  
Project Name/Number: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe) /BF.20.001.2008.AR.02

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0383030

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Hartford Fire Insurance Company

CoCode: 19682

State of Domicile: Connecticut

Hartford Plaza

Group Code: 91

Company Type:

690 Asylum Avenue

Hartford, CT 06115

Group Name:

State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0383750

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*SERFF Tracking Number:*      *HART-125758058*      *State:*      *Arkansas*  
*First Filing Company:*      *Hartford Casualty Insurance Company, ...*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *BF.20.001.2008.AR.02*  
*TOI:*      *16.0 Workers Compensation*      *Sub-TOI:*      *16.0000 WC Sub-TOI Combinations*  
*Product Name:*      *WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe)*  
*Project Name/Number:*      *WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe) /BF.20.001.2008.AR.02*

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$25.00  
 Retaliatory?      No  
 Fee Explanation:  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Casualty Insurance Company	\$25.00	08/01/2008	21733875
Hartford Insurance Company of the Midwest	\$0.00	08/01/2008	
Hartford Underwriters Insurance Company	\$0.00	08/01/2008	
Sentinel Insurance Company Limited	\$0.00	08/01/2008	
Twin City Fire Insurance Company	\$0.00	08/01/2008	
Hartford Accident and Indemnity Company	\$0.00	08/01/2008	
Hartford Fire Insurance Company	\$0.00	08/01/2008	

*SERFF Tracking Number:*      *HART-125758058*      *State:*      *Arkansas*  
*First Filing Company:*      *Hartford Casualty Insurance Company, ...*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *BF.20.001.2008.AR.02*  
*TOI:*      *16.0 Workers Compensation*      *Sub-TOI:*      *16.0000 WC Sub-TOI Combinations*  
*Product Name:*      *WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe)*  
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	08/01/2008	08/01/2008

SERFF Tracking Number:	HART-125758058	State:	Arkansas
First Filing Company:	Hartford Casualty Insurance Company, ...	State Tracking Number:	EFT \$25
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## Disposition

Disposition Date: 08/01/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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 Project Name/Number: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe) /BF.20.001.2008.AR.02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>HART-125758058</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>BF.20.001.2008.AR.02</i>		
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## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number: HART-125758058 State: Arkansas  
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	08/01/2008
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**Comments:**  
 Attached is the Uniform Transmittal Document-Property & Casualty.  
**Attachment:**  
 NAIC TD-1.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	08/01/2008
<b>Bypass Reason:</b>	Not applicable.			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	08/01/2008
<b>Bypass Reason:</b>	Not applicable.			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	08/01/2008
<b>Comments:</b>	Attached is the Cover Letter.			
<b>Attachment:</b>	AR Coverltr.pdf			

## Property &amp; Casualty Transmittal Document


<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Sentinel Insurance Company	Connecticut	00914-11000	06-1552103	

<b>5. Company Tracking Number</b>	BF.20.001.2008.AR.02
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	KATHLEEN CZARNECKI	PRODUCT			KATHLEEN.CZARNECKI
	Hartford Plaza, Hartford, CT 06115	CONSULTANT	860-547-6165	860-547-4849	@TheHartford.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Kathleen Czarnecki		

## Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000 sub-toi combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 9/1/08    Renewal: 9/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance
17. Reference Organization # & Title	Item B-1407 Catastrophe Prov Misc Values, Rules, Stat Codes
18. Company's Date of Filing	8/1/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF.20.001.2008.AR.02
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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ADOPTION OF NCCI ITEM FILING B-1407 FOR THEIR EFFECTIVE DATE OF 9/1/08.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** EFT  
**Amount:** \$25.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



August 1, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
3<sup>rd</sup> and Cross  
Little Rock, AR 72201-1904

RE: **Workers' Compensation and Employers' Liability Insurance – RULE FILING**  
Adoption of National Council on Compensation Insurance (NCCI) Item Filing B-1407 – Catastrophe  
Provisions Miscellaneous Values, Rules and Statistical Codes

<u>Our Filing Number: <b>BF.20.001.2008.AR.02</b></u>	<u>NAIC #</u>
Hartford Fire Insurance Company	091-19682
Hartford Accident and Indemnity Company	091-22357
Hartford Casualty Insurance Company	091-29424
Hartford Underwriters Insurance Company	091-30104
Twin City Fire Insurance Company	091-29459
Hartford Insurance Company of the Midwest	091-37478
Sentinel Insurance Company, Ltd.	091-11000

Dear Commissioner,

As members of the National Council on Compensation Insurance (NCCI), the above listed companies hereby adopt the NCCI Item Filing identified above effective September 1, 2008.

Enclosed please find NAIC Transmittal Document TD-1. The NAIC Rate/Rule Schedule does not apply to this filing being that this is only an adoption.

The appropriate filing fee will be paid thru EFT.

If you should require anything further, please let us know.

Thank you.

Very truly yours,

Kathleen M. Czarnecki, Product Consultant  
AR&PD – Technical Services  
Telephone: (860) 547-6165, FAX No.: (860) 547-4849  
E-Mail Address: [Kathleen.Czarnecki@thehartford.com](mailto:Kathleen.Czarnecki@thehartford.com)

Hartford Plaza, HO-2-19  
Hartford, CT 06115